

Feb. 15, 2008 12:12PM

Rosenbaum & Associates, P.C.

No. 2608 P. 3/4

PART B - FEE(S) TRANSMITTAL



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29335

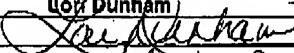
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John Dunham	(Depositor's name)
	(Signature)
FEB 15, 2008	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/645,077	08/21/2003	Ivan N. Rich	6115-002	6943

TITLE OF INVENTION: HIGH-THROUGHPUT ASSAY OF HEMATOPOIETIC STEM AND PROGENITOR CELL PROLIFERATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$1020	02/15/2008

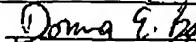
EXAMINER	ART UNIT	CLASS-SUBCLASS
Gabel, Gailene	1641	435-004000
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).		2. For printing on the patent front page, list
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)		1 David G. Rosenbaum
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.		2 Donna E. Becker
(A) NAME OF ASSIGNEE		3 Rosenbaum & Associates, PC

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input type="checkbox"/> Advance Order - # of Copies _____	<input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-2000 (enclose an extra copy of this form).

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<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. <input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date Feb 14, 2008

Typed or printed name

Donna E. Becker

Registration No. 44,529

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